

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 4

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201; 447.304

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (854.96)

b. FFY 2001 \$ (1863.60)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 7, p1

Attachment 4.19-B, Item 7, p 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same (TN 95-20)

Same (TN 98-03)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce reimbursement for the first hour of the home health extended skilled nursing visit and to establish separate reimbursement rates for skilled nursing provided by a licensed practical nurse and for physical therapy provided by a physical therapist assistant. Implementation is necessary to avoid a budget deficit in the state Medicaid Program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John Ingram

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED: March 24, 2000

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

17. DATE RECEIVED

18. EFFECTIVE DATE OF APPROVED AMENDMENT

21. TYPED NAME:

Calvin G. Elmer

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 7, Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial
42 CFR Care and Services
447.201 Item 7.
447.304

Home Health Care Services

- Item 7.a. Intermittent or part-time nursing service provided by a home health agency
- Item 7.b. Home Health aide services provided by a home health agency
- Item 7.c. Medical supplies, equipment and appliances suitable for use in the home
- Item 7.d. Rehabilitation services provided by a home health agency.

I. Method of Payment

- A. Intermittent or Part-time Nursing Service provided by a home health agency and for Home Health Aide Services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). Reimbursement for the first hour of the home health extended skilled nursing visit is made at 29.2 percent (29.2%) of the established fee in effect as of January 31, 2000. Reimbursement for skilled nursing services provided by a licensed practical nurse (LPN) is made at 80 percent (80%) of the established fee for skilled nursing in effect as of January 31, 2000. Skilled nursing services provided by a licensed registered nurse (RN) will continue to be reimbursed at the established fee in effect as of January 31, 2000.
- B. Rehabilitation Services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the twentieth (20th) percentile trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). Reimbursement for physical therapy services provided by a physical therapist assistant is made at 80 percent (80%) of the established fee in effect as of January 31, 2000. Physical therapy services provided by a licensed physical therapist will continue to be reimbursed at the established fee for service in effect as of January 31, 2000.

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-27-2000</u>	
DATE APPV'D <u>04-18-2001</u>	
DATE EFF <u>02-01-2000</u>	
HCFA 179	

TN# 00-04 Approval Date 04-18-2001 Effective Date 02-01-2000
Supersedes
TN# 95-20

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

II. Standards for Payment

A. For items 7.a., 7.b., 7.c., 7.d., see Attachment 3.1-C regarding standards and methods of assuring high quality care.

B. 1. For appliances and equipment, see Medical and Remedial Care and Services, Item 12.c. Attachment 4.19-B.

2. For medically necessary Medical Supplies, Equipment and Appliances reimbursement will be made through the Durable Medical Equipment Program which requires prior authorization for the item. Items may be authorized to existing durable medical equipment providers or to home health agencies which enroll as durable medical equipment providers.

a. Diapers and blue pads are not reimbursable as durable medical equipment items.

b. Certain supplies for wound care and dressing will be covered under the Durable Medical Equipment Program but will be authorized exclusively for the use of home health agencies when delivering home health services.

C. "Home Health Care Agency" means a public or private agency which is licensed by DHH, Bureau of Health Services Financing, Health Standards Section, and qualified to participate as a home health agency under Title XVIII of the Social Security Act, and is determined currently to meet the requirements for Title XIX participation.

"Home Health Care and Services" are provided on the basis of a treatment plan as certified by a licensed and appropriate physician to a patient in his place of residence, but not including as a residence a hospital or skilled nursing facility. However, rehabilitation services may be provided by a home health agency in an Intermediate Care Facility I or II when a Title XIX recipient who is admitted or retained by the facility is in need of such services. A written agreement must be executed between the facility and the home health agency for the provision of these services.

All written plans of care must be on file at the home health agency and reviewed by the physician every sixty (60) days.

TN# 00-04 Approval Date 04-18-2001 Effective Date
Supersedes
TN# 98-03

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